Texas Department of Aging and Disability Services

Texas Home Living Program

Request for Review of Individual Plan of Care (IPC) Cost Over Maximum Cost Ceiling Cover Sheet

Form 8627
February 2012

Please include the following in the packet submitted to Program Enrollment/Utilization Review (PE/UR):

- **signed IPC form (copy of both pages);**
- **screen print of the L02 CARE screen; and**
- **written justification supporting the services.**

To/From:

Texas Department of Aging and Disability Services (DADS)

Access and Intake, Utilization Management and Review, IDD Waivers Program Enrollment/Utilization Review (PE/UR)

Mailing Address:
P. O. Box 149030, Mail Code W-355
Austin, TX 78714-9030

Physical Address:
701 W. 51st Street, Mail Code W-355
Austin, TX 78751

Fax: 512-438-4249 (**Do not fax more than 10 pages without prior approval.)**

From/To:

Provider and LA Contact Information

Provider Name	Provider Contact
Fax Area Code and Telephone No.	Area Code and Telephone No.
Component Code	Contract No.
LA Name	LA Contact
LA Fax Area Code and Telephone No.	LA Area Code and Telephone No.

Individual Information

Individual's Last Name	Individual First Name
CARE ID No.	Medicaid No.
Date of Birth	Age
IPC Begin Date	IPC Effective Date

Legally authorized representative (LAR) contact information, if applicable. If no LAR, list individual's information.

Name	Area Code and Telephone No.
Street Address, City, State, ZIP Code	

Does any correspondence sent to the LAR or individual need to be translated into another language? ..... ☐ **No** ☐ **Yes** Specify language: _____

State Office Use Only:

☐ **Authorized** by PE/UR staff _____ Date: _____

☐ **Not Authorized** by PE/UR staff _____ Date: _____

Instructions to provider: The attached IPC form will indicate any modifications made to dollar/unit amount(s). File the enclosed documents with the original IPC in the individual's record.

Comments:

Alert

PE/UR authorization of adaptive aids/minor home modifications/dental dollars does not constitute prior approval for authorization for payment. All amounts must meet billing and payment guidelines.